2026
Summary of Benefits

Wellcare Value Script (PDP)

Wellcare Classic (PDP)

S4802_2026_NA_SB_PDP_4626905ENG_M

4626905_NA6PDGSOBENG_M_0300

This page intentionally left blank

This is a summary of prescription drug benefits covered by Wellcare Value Script (PDP) and Wellcare Classic (PDP) from January 1, 2026 to December 31, 2026.

Wellcare offers several plans with different levels of benefits, depending on how much prescription drug coverage you need to support your well-being and help you live a better, healthier life.

Wellcare Value Script (PDP)

If you want thorough coverage for a low premium, Value Script may suit your needs.

Wellcare Classic (PDP)

If you receive Extra Help, you may be eligible for $0 premium and lower copays with this plan.

Who can join?

To join one of our plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B and live in our service area. To be eligible, you must also be a United States citizen or are lawfully present in the United States.

Our service area includes these states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Get to Know Medicare Part D

Deductible: The amount you pay before a plan covers their portion of your prescription drug costs.

Initial Coverage Stage: During this stage, the plan pays its share of the cost, and you pay your share.

- "Copayment" is a fixed amount you pay each time you fill a prescription.
- "Coinsurance" is a percentage of the total cost of the drug you pay each time you fill a prescription.

Wellcare Value Script (PDP):

You are in this stage until your payments and the plan's payments total $2,100 for the year. This plan groups each medication into one of six tiers:

- Tier 1 (Preferred Generic) includes preferred generic drugs and may include some brand drugs.
- Tier 2 (Generic) includes generic drugs and may include some brand drugs.
- Tier 3 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.
- Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs.
- Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
- Tier 6 (Select Care Drugs) includes some generic and brand drugs commonly used to treat specific chronic conditions.

WellCare Classic (PDP):

You are in this stage until your payments and the plan's payments total $2,100 for the year. This plan groups each medication into one of five tiers:

- Tier 1 (Preferred Generic) includes preferred generic drugs and may include some brand drugs.
- Tier 2 (Generic) includes generic drugs and may include some brand drugs.
- Tier 3 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.
- Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs.
- Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

Catastrophic Coverage: After your out-of-pocket costs for prescription drugs reach $2,100, you pay $0 for covered brand and generic drugs for the remainder of the year.

What You Pay for Insulin:

You won't pay more than the lesser of 25% of our negotiated price for the drug or $35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or $70 for up to a 2-month supply or the lesser of 25% of our negotiated price for the drug or $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible.

What You Pay for Vaccines:

Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit go.wellcare.com/MPPP.

This document does not list every service, limitation or exclusion. A complete list of services is in the plan's Evidence of Coverage. You can find the Evidence of Coverage on our website at go.wellcare.com/PDP. Or you may call us to ask for a copy at the phone number listed on the back cover.

For more information, please contact your plan for details.

Phone Numbers	**1-844-480-0700** (**TTY 711**)
Pre-Enrollment Hours	Sunday-Saturday, 8 am to 8 pm
Website	go.wellcare.com/PDP
Drug List	**Wellcare Value Script (PDP):** go.wellcare.com/druglist-672 **Wellcare Classic (PDP):** go.wellcare.com/druglist-671
Pharmacy Directory	go.wellcare.com/2026providerdirectories
Medicare & You Handbook	If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information or to request information in an alternate format, please call us at 1-844-480-0700 (TTY users should call 711): Hours are Sunday-Saturday, 8 am to 8 pm.

This page intentionally left blank

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Alabama	Wellcare Value Script (PDP)	$3.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$3.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Alaska	Wellcare Value Script (PDP)	$19.70	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA
Arizona	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	32%	25%	NA
Arkansas	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	26%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	28%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	34%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
California	Wellcare Value Script (PDP)	$5.70	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$6.20	$615 All tiers	$0	$10	25%	31%	25%	NA
Colorado	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$2.20	$615 All tiers	$0	$10	25%	29%	25%	NA
Connecticut	Wellcare Value Script (PDP)	$16.40	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$21.70	$615 All tiers	$0	$10	25%	29%	25%	NA
Delaware	Wellcare Value Script (PDP)	$5.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$5.70	$615 All tiers	$0	$10	25%	31%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	33%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	31%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
District of Columbia	Wellcare Value Script (PDP)	$5.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$5.70	$615 All tiers	$0	$10	25%	31%	25%	NA
Florida	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA
Georgia	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA
Hawaii	Wellcare Value Script (PDP)	$21.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$21.70	$615 All tiers	$0	$10	25%	35%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	31%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	35%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Idaho	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$23.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Illinois	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	31%	25%	NA
Indiana	Wellcare Value Script (PDP)	$8.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$8.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Iowa	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	28%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	32%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Kansas	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$14.70	$615 All tiers	$0	$9	25%	26%	25%	NA
Kentucky	Wellcare Value Script (PDP)	$8.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$8.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Louisiana	Wellcare Value Script (PDP)	$5.70	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$6.70	$615 All tiers	$0	$10	25%	28%	25%	NA
Maine	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$5	$20	25%	26%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Maryland	Wellcare Value Script (PDP)	$5.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$5.70	$615 All tiers	$0	$10	25%	31%	25%	NA
Massachusetts	Wellcare Value Script (PDP)	$16.40	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$21.70	$615 All tiers	$0	$10	25%	29%	25%	NA
Michigan	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA
Minnesota	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	31%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Mississippi	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	29%	25%	NA
Missouri	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$10.70	$615 All tiers	$0	$10	25%	26%	25%	NA
Montana	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Nebraska	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	26%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Nevada	Wellcare Value Script (PDP)	$2.70	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$2.70	$615 All tiers	$0	$10	25%	31%	25%	NA
New Hampshire	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	27%	25%	NA
New Jersey	Wellcare Value Script (PDP)	$22.80	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$28.20	$615 All tiers	$0	$10	25%	29%	25%	NA
New Mexico	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	31%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	32%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	33%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
New York	Wellcare Value Script (PDP)	$42.40	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$45.70	$615 All tiers	$0	$10	25%	28%	25%	NA
North Carolina	Wellcare Value Script (PDP)	$3.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$4.70	$615 All tiers	$0	$10	25%	27%	25%	NA
North Dakota	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Ohio	Wellcare Value Script (PDP)	$7.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$7.70	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Oklahoma	Wellcare Value Script (PDP)	$5.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$5.70	$615 All tiers	$0	$10	25%	26%	25%	NA
Oregon	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA
Pennsylvania	Wellcare Value Script (PDP)	$8.20	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$14.70	$615 All tiers	$0	$10	25%	28%	25%	NA
Rhode Island	Wellcare Value Script (PDP)	$16.40	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$21.70	$615 All tiers	$0	$10	25%	29%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$5	$20	25%	26%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	28%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
South Carolina	Wellcare Value Script (PDP)	$4.80	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$9.70	$615 All tiers	$0	$10	25%	27%	25%	NA
South Dakota	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Tennessee	Wellcare Value Script (PDP)	$3.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$3.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Texas	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	29%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	28%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	29%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Utah	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$23.70	$615 All tiers	$0	$10	25%	27%	25%	NA
Vermont	Wellcare Value Script (PDP)	$16.40	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$21.70	$615 All tiers	$0	$10	25%	29%	25%	NA
Virginia	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	31%	25%	NA
Washington	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	28%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	28%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	30%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	31%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	28%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
West Virginia	Wellcare Value Script (PDP)	$8.20	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$14.70	$615 All tiers	$0	$10	25%	28%	25%	NA
Wisconsin	Wellcare Value Script (PDP)	$0.00	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$0.00	$615 All tiers	$0	$10	25%	26%	25%	NA
Wyoming	Wellcare Value Script (PDP)	$9.60	$615 Tiers 3-6	$0	$3	25%	40%	25%	$11
	Wellcare Classic (PDP)	$12.70	$615 All tiers	$0	$10	25%	27%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$15	$20	25%	50%	25%	$11	Tier 1, Tier 2: Preferred Retail & Mail = 3x 30-day Preferred Retail copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$10	$20	25%	29%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	
$15	$20	25%	50%	25%	$11	
$10	$20	25%	27%	25%	NA	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or the day supply received. Mail order prescriptions are dispensed at a quantity of 35 days or more.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-550-5252 (TTY: 711).

አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-888-550-5252 (TTY: 711) ይደውሉ።

<6> العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-888-550-5252 (TTY: 711).

Հայերեն ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել անվճար լեզվական ծառայություններից: Անվճար հասանելի են նաև համապատասխան օժանդակ միջոցներ և ծառայություններ՝ մատչելի ձևաչափերով տեղեկություններ տրամադրելու համար: Զանգահարեք 1-888-550-5252 (TTY՝ 711):

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 1-888-550-5252 (TTY: 711)।

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-888-550-5252 (TTY : 711).

ភាសាខ្មែរ ចូរចាប់អារម្មណ៍៖ សេវាជំនួយភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ ជំនួយនិងសេវាជំនួយសមស្របដើម្បីផ្តល់ជូនព័ត៌មានជាទម្រង់ដែលអាចប្រើបាន ក៏មានដោយមិនគិតថ្លៃផងដែរ។ សូមទូរសព្ទទៅលេខ 1-888-550-5252 (TTY: 711)**។**

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-888-550-5252（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-888-550-5252 (TTY：711)。

دری توجه: خدمات رایگان کمک زبانی برای شما فراهم است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات به شکل قابل دسترس نیز به طور رایگان در دسترس می‌باشند. لطفاً با شماره 1-888-550-5252 (TTY: 711) تماس بگیرید.

فارسی توجه: خدمات کمک زبانی رایگان برای شما دردسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل‌دسترس نیز به‌صورت رایگان ارائه می‌شوند. لطفاً با شماره 1-888-550-5252 (TTY: 711) تماس بگیرید.

Y0020_WCM_4336850_MLT_NAMA_C Internal Approved 06162025 NA PDP
4590673_NA6WCMINSMLT_M_PDNA 06/25

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-550-5252 (TTY : 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-888-550-5252 (TTY: 711).

Ελληνικά ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-550-5252 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોમેર્ટમાં માહિતી પર્દાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-888-550-5252 (TTY: 711) પર કૉલ કરો.

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-888-550-5252 (TTY: 711).

ʻŌlelo Hawaiʻi HOʻĀKAKA: Loaʻa iā ʻoe ke kōkua manuahi no ka unuhi ʻōlelo. Loaʻa pū kekahi mau pono kōkua kūpono a me nā lawelawe e hāʻawi ai i ka ʻike i nā ʻano ʻano hiki ke kiʻi ʻia, me ka uku ʻole. Kelepona i 1-888-550-5252 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-888-550-5252 (TTY: 711) पर कॉल करें.

Lus Hmoob TSEEM CEEB: Muaj cov kev pab txhais lus pub dawb rau koj. Tsis tas li ntawd, kuj tseem yuav muaj cov kev pab thiab cov kev pab cuam tsim nyog los ua hom ntaub ntawv uas siv tau pub dawb rau koj thiab. Hu rau 1-888-550-5252 (TTY: 711).

Igbo NLERUANYA: A na-enye gị ọrụ enyemaka asụsụ n’efu. Enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ozi n’ụdị ndị dị mfe inweta dikrawa n’akwụghị ụgwọ. Kpọọ 1-888-550-5252 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-888-550-5252 (TTY: 711).

Italiano ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-888-550-5252 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-888-550-5252 (TTY: 711) にお電話ください。

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿಮಾಹಿತಿಯನ್ನುಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತುಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-888-550-5252 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-888-550-5252 (TTY: 711)번으로 전화해 주십시오.

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການ ເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-888-550-5252 (TTY: 711).

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-888-550-5252 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-888-550-5252 (TTY: 711) वर कॉल करा.

Diné Bizaad BAA NAANISH'AGHA: T'aadoo baabhilinigoo saad 'ahiilka 'ana'alwo' biniit'aa bineesh'a bil hadlee' goo ni. Ch'idi'nishaah t'aala'i bi'aa yilts'ilgo bika 'iishyeed 'aadoo biniit'aa goo bik'inaasdzil bil ch'idaash'a di baa honit'l' ya'akogoo bineesh'a aldo' bil hadlee' t'aadoo baabhilinigoo 'at'e yeel. Bika 'adishni 1-888-550-5252 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-888-550-5252 (TTY: 711) मा कल गर्नुहोस्।

Pennsylvania Deitsch GEB ACHT: Schprooch Helfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Helfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-888-550-5252 (TTY: 711).

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-888-550-5252 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-888-550-5252 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪਰ੍ਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-888-550-5252 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-888-550-5252 (TTY: 711).

Gagana Sāmoa FA'AALIGA: O lo'o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 1-888-550-5252 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-888-550-5252 (TTY: 711).

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-888-550-5252 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-888-550-5252 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-888-550-5252 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-888-550-5252 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-888-550-5252 (TTY: 711) **என்ற எண்ணை அழைத்திடுங்கள்**.

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉనాన్యి. యాకెస్స్ చేయదగిన ఫారామ్ట్లలో సమాచారానిన్ అందించడానికి తగిన సహాయక టూల్లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉనాన్యి. 1-888-550-5252 (TTY: 711) **నంబర్కి కాల్ చేయండి**.

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-888-550-5252 (TTY: 711)

Twi HYƐ NO NSO: Kasa ho mmoa dwumadie ahodoɔ wɔ hɔ ma wo a wontua hwee. Nneɛma a ɛbɛboa wo ama wate nsɛm ne dwumadie ahodoɔ a ɛde nsɛm bɛma wo wɔ akwan bebree so nso wɔ hɔ a wontua hwee. Frɛ 1-888-550-5252 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-550-5252 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-888-550-5252 (TTY: 711) پر کال کریں۔

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-888-550-5252 (TTY: 711).

ייִדיש אויפֿמערקזאַמקייט: פרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פריי פֿון אָפּצאָל. רופֿט 1-888-550-5252 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ́ ìránlọ́wọ́ ti èdè wà nílẹ̀ fún ọ lọ́fẹ̀ẹ́. Àwọn iṣẹ́ àti àwọn ìrànwọ́ arannílọ́wọ́ tóyẹ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọsílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lọ́fẹ̀ẹ́ láisan owó rárá. Pe 1-888-550-5252 (TTY: 711).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0700 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/PDP or call 1-844-480-0700 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

"Wellcare" is issued by WellCare Prescription Insurance, Inc.

This page intentionally left blank

This page intentionally left blank

This page intentionally left blank

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-480-0700 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Sunday-Saturday, 8 am to 8 pm

Online

go.wellcare.com/PDP